Approved for use through 7/31/2005. OMB 0651-0032
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number			
The c/Amd CLAIMS AS FILED - PART I 4-29-05 (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
	FOR		NUMBER FILED			NUMBER EXTRA		RATE	FEE		RATE	FEE
BASICFEE (37 CFR 1.16(a)) CE					395	s 395	OR	IVIE				
TOTAL CLAIMS (37 CFR 1.16(c)) 6 minus = -				× s 25 =	<u>, </u>		x s 50 =	\				
IND	EPENDENT CLAI	MS	<u>-</u> ਕ	4		. 0		x s 100 =		OR	x sa200 =	$-\chi$
(37 CFR 1.16(b)) minus = MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+s 180=		OR	+ 5360=	 /\	
							395.a)	OR		/ \		
"	* If the difference in column 1 is less than zero, enter *0* in column 2.							TOTAL	370.20	OR	TOTAL	
	С	LAIMS A	AS AME	NDED	- PART II							`
		(Colum	nn 1)		(Column 2)	(Column 3)		SMALL E	NTITY	OR		R THAN ENTITY
AMENDMENT A		CLA REMA AFT AMEND	INING ER	,	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	, , , , , ,	RATE	ADDI- TIONAL FEE
DME	Total (37 CFR 1.16(c))	•		Minus	•••	=		× 25 =		OR	x 50=	
<u> </u>	Independent (37 CFR 1.16(b))			Minus	***	=		x s/00 =		OR	x 200=	
₹	FIRST PRESENT	TATION OF	MULTIPLE	DEPEND	ENT CLAIM (37 C	FR 1.16(d))		+ 5/80 =		OR	+360=	-
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Colum	nn 1)		(Column 2)	(Column 3)		.,				
AMENDMENT B		CLA REMAI AFT AMEND	IMS INING ER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total (37 CFR 1,16(c))	•		Minus	••	=		x s=		OR	x s =	
Ψ.	Independent (37 CFR 1.16(b))	•		Minus	•••	=		x \$=		OR	x s =	
₹	FIRST PRESENT	TATION OF	MULTIPLE	DEPENDE	ENT CLAIM (37 C	FR 1.16(d))		+\$ =		OR	+s =	
						<u>-</u>		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
<u></u>		(Colum			(Column 2)	(Column 3)						-
ENT C		CLAI REMAI AFT AMEND	INING ER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE ·	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•		Minus	••	II.		x s=		OR	x s=	
AMENDM	Independent (37 CFR 1.16(b))	•		Minus	•••	=	ľ	x s =		OR	x s =	
₽	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+s =		OR	+ 5 =	
	<u> </u>							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
1 .	If the entry in c	Number P	reviously I	Paid For	IN THIS SPACE	is less than 20,	ent	er "20".	L-,,,-,,-,-,-	J.,		L

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

8	ocket Num	ber									
PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 10602(8)											
. CLAIMS AS	S FILED - PART	SMAL	SMALL ENTITY OTHER TH								
	(Column 1)	(Column 2)	TYPE		OR	SMALL					
TOTAL CLAIMS	28		RAT	E FEE]	RATE	FEE				
FOR	NUMBER FILED	NUMBER EXTRA	BASIC	FEE 375.00	OR	BASIC FEE	750.00				
TOTAL CHARGEABLE CLAIMS	2 k minus 20=	. 8	X\$	9= 72	OR	X\$18=					
INDEPENDENT CLAIMS	✓ minus 3 =	1	X4:	2= 47	OR	X84=					
MULTIPLE DEPENDENT CLAIM P	RESENT	包	+14	0= ///	OR	+280=					
t 16 th and ifferences in column 1 in local than zone enter "0" in column 2											
TOTAL 6.29 OR TOTAL TOTAL 6.29 OR TOTAL OTHER THAN											
19-9 (Column 1)	(Colu	SMA	LL ENTITY	OR	SMALL						
CLAIMS REMAINING AFTER AMENOMENT	HIGH NUM PREVIC PAID	BER PRESENT DUSLY EXTRA	RAT	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
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Independent + 4	Minus ***	L - C/	X42	= X	OR	X84=					
FIRST PRESENTATION OF M	ULTIPLE DEPENDENT	+14	<u>-</u>	OR	+280=						
			TC	TAL		TOTAL	-\-				
(Column 1)	Read	ADDIT.	FEE]	ADDIT. FEE						
CLAIMS	HIGH	EST		ADDI-\	1		ADDI-/				
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FIRST PRESENTATION OF M	ULTIPLE DEPENDENT	TCLAIM	l /- -	_							
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FIRST PRESENTATION OF M	ULTIPLE DEPENDEN	I 	- / 								
* If the entry in column 1 is less than the entry in column 2, write 0° in column 3.											
"If the "Highest Number Previously P "If the "Highest Number Previously F	raid For" IN THIS SPACE : Paid For' IN THIS SPACE	is less than 20, enter "20." is less than 3, enter "3."	ADDIT.	FEE	OR	ADDIT. FEE	—— 4				
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